

☐ LIQUID PETROLEUM GAS (LPG) SYSTEM

☐ LIQUID NATURAL GAS (LNG) SYSTEM

☐ COMPRESSED NATURAL GAS (CNG) SYSTEM

☐ ANHYDROUS AMMONIA (NH3) SYSTEM

() Total # nurse tanks at location

1	DIRECTIONS: Personal information you may provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)] For LPG and LNG Systems using containers of 2000 gallons (4000 aggregate) or larger water capacity, CNG and NH3 systems of any size, submit one copy of this form and four sets of scaled plans including at least one copy of specifications along with the required fees to the above address. Containers moved within Wisconsin must have a data report or a legible rubbing / copy of the container nameplate stamping. NOTE: Inspections may be conducted during or after installation by authorized representative(s). Use a 2 nd form copy for more than four tanks installed.											
2	SCOPE OF WORK APPLIED FOR: <input type="checkbox"/> Key/card code operation <input type="checkbox"/> Self service fueling <input type="checkbox"/> Revision (Check all boxes that apply) <input type="checkbox"/> New installation <input type="checkbox"/> Alteration/addition to an approved existing site											
3	CONTAINER LOCATION											
	Owner Name				Business Installation Name							
	Installation address				City /Village/ Town			County		Zip Code		
	Name of Fire Dept providing Fire Protection				Fire Dept ID#			Estimated Completion Date				
4	TANK & APPURTENANCE SPECIFICATIONS				Tank 1		Tank 2		Tank 3		Tank 4	
	New Tank (Vessels must be registered with National Board)				Yes No		Yes No		Yes No		Yes No	
	Used Tank(s) (Indicate WI or STATE of original tank location)											
	Manufacturer's Data Report Enclosed				Yes No		Yes No		Yes No		Yes No	
	National Board #											
	Model , Serial or other #											
	Location (U- Under Ground, A- Above Ground, I- Inside)											
	MAWP or Working Pressure (PSIG)											
	Water Capacity / Surface Area (Indicate gallons / sq. ft)											
	Relief Valve (Indicate Manufacturer / Aggregate Capacity)											
	Excess Flow Valve				Yes No		Yes No		Yes No		Yes No	
	Back Check Valve				Yes No		Yes No		Yes No		Yes No	
	Float Gauge				Yes No		Yes No		Yes No		Yes No	
	Outage Gauge				Yes No		Yes No		Yes No		Yes No	
	Rotary Gauge				Yes No		Yes No		Yes No		Yes No	
	Thermometer				Yes No		Yes No		Yes No		Yes No	
	Emergency Shutoff Valve				Yes No		Yes No		Yes No		Yes No	
	Piping Material Specifications (W-welded, T-threaded or B-both)											
	Piping Hydrostatic Relief Valves				Yes No		Yes No		Yes No		Yes No	
	Corrosion Protection Provided				Yes No		Yes No		Yes No		Yes No	
5	FEES (Per Comm 2) MAKE CHECK PAYABLE TO: Safety & Buildings Division											
	TANK(s) INSTALLATION				Plan Examination (per site)		\$200.00			_____	
					Site Inspection		250.00			_____	
	SELF SERVICE, DISPENSERS				Plan Examination		22.00			_____	
	OR KEY CARD SERVICE				Site Inspection		43.00			_____	
	REVISIONS OF APPROVED PLANS					100.00			_____	
	TOTAL \$										<div></div>	
6	STATEMENT: Application is made to the Department for conditional approval to install the above referenced system(s). Installation will be in accordance with the details described herein and attached plot plans, subject to the orders of the Department of Commerce. The installation will comply with the applicable provisions of Comm 40, 41 or 43 and all standards adopted by reference. A “certificate of installation” form shall be completed and made available for review by an authorized representative(s) and when required, a copy shall be forwarded to the local fire department within 10 business days of installation.											
	Phone () _____ Print Applicant Name _____											
	Fax () _____ Applicant signature _____ Date _____											
7	RETURN PLANS TO: (Please print or type)											
	Name						Company					
	Street Address						City			State		Zip